Independent Resolutions Inc.

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Notice of Independent Review Decision

Cas	e Number:	Date of Notice: 06/27/2016
Rev	iew Outcome:	
	escription of the qualifications for each physician or ot iewed the decision:	her health care provider who
Phys	sican Medicine And Rehab	
Des	cription of the service or services in dispute:	
30 hc	ours of work hardening for the right shoulder over six weeks	
-	on Independent review, the reviewer finds that the previence determinations should be:	ous adverse determination /
$\overline{\mathbf{A}}$	Upheld (Agree)	
	Overturned (Disagree)	
	Partially Overturned (Agree in part / Disagree in part)	

Patient Clinical History (Summary)

Phone Number:

(682) 238-4977

This patient is a male who reported an injury on XX/XX/XX while X an individual. The patient was diagnosed with a rotator cuff tear. The patient had a rotator cuff repair, acromioplasty, and acromioclavicular joint resection in XX/XXXX, with 24 physical therapy sessions. On XX/XX/XX, the patient had right shoulder pain and rated the pain a 0/10 at best and 3/10 at worst. The patient reported moving causes an increased discomfort and biceps spasms at times during repetitive use. On physical examination of the right shoulder, the range of motion was 110 degrees with flexion, 95 degrees with abduction, 75 degrees with external rotation, and 55 degrees with internal rotation. the motor strength of the right shoulder was graded a 4-/5 with flexion, abduction, and external rotation, a 4+/5 with internal rotation, and a 3+/5 with supraspinatus testing. The patient's long term goals included having range of motion to return to normal limits within 2 months, strength returned to normal limits within 2 months, and back at work with modifications in 2 months. The treatment plan included 2 hours a day then up to 4 hours a day for 6 weeks of continued therapy.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Work hardening is indicated when the patient has a diagnostic interview with a mental health provider and functional capacity evaluation that provides evidence that there are no psychosocial or significant pain behaviors. The provided documentation indicated the patient underwent surgical intervention on XX/XX/XX for a rotator cuff repair, AC joint resection, and long head biceps repair. The patient had attended 24 physical therapy sessions to date. While it was indicated the patient had active physical rehabilitation with improvement followed by a plateau, the submitted documentation did not provide a psychosocial screening, to include adequate testing to determine if the patient has behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The submitted documentation also did not indicate the patient was not a candidate for further surgery, injections, and other treatments would be clearly warranted to

improve function. As such, the requested 30 hours of work hardening for the right shoulder over 6 weeks are not medically necessary and the prior adverse determination is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

	ACOEM-America College of Occupational and Environmental Medicine um		
	knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines		
	DWC-Division of Workers Compensation Policies and		
	Guidelines European Guidelines for Management of Chronic		
	Low Back Pain Interqual Criteria		
√	Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical		
	standards Mercy Center Consensus Conference Guidelines		
	Milliman Care Guidelines		
√	ODG-Official Disability Guidelines and Treatment		
	Guidelines Pressley Reed, the Medical Disability Advisor		
	Texas Guidelines for Chiropractic Quality Assurance and Practice		
	Parameters Texas TACADA Guidelines		
	TMF Screening Criteria Manual		
	Peer Reviewed Nationally Accepted Médical Literature (Provide a description)		
П	Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)		